Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: **Greg Davis**	Phone Number: **515-242-7773**

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #   **(to be assigned by administrator)**

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	**RFP #00-48A**
12	**Form 470 Application Number:** 704340000296620	16	**Billing Account Number:** (e.g. billed telephone number)	**N/A**
		17	**Allowable Vendor Selection/ Contract Date:** (mm/dd/yyyy)	**12/12/2000**
13	**SPIN – Service Provider Identification Number:** 143005447	18	**Contract Award Date** (mm/dd/yyyy)	**01/12/2001**
		19a	Service State Date (mm/dd/yyyy)	**07/01/2001**
		19b	Service End Date (mm/dd/yyyy)	**N/A**
14	**Service Provider Name** Pomeroy Computer Resources, Inc.	20	**Contract Expiration Date** (mm/dd/yyyy)	**06/30/2002**

21	**Description of this Service:**	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	Attachment # **USFATCH0101**

22	**Entity/Entities Receiving this Service:**	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	58983
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)	

23   **Calculations**

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	10,000	0	10,000	10,000	60%	$6,000

Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: **Greg Davis**	Phone Number: **515-242-7773**

BLOCK 5: Discount Funding Request(s)	Page 11 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #   **(to be assigned by administrator)**

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	**RFP #00-48A**
12	**Form 470 Application Number:** 704340000296620	16	**Billing Account Number:** (e.g. billed telephone number)	N/A
		17	**Allowable Vendor Selection/ Contract Date:** (mm/dd/yyyy)	12/12/2000
13	**SPIN – Service Provider Identification Number:** 143005447	18	**Contract Award Date** (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	**Service Provider Name** **Pomeroy Computer Resources, Inc.**	20	**Contract Expiration Date** (mm/dd/yyyy)	06/30/2002

21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	Attachment # **USFATCH0101**

22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	58957
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)	

23   Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	10,000	0	10,000	10,000	90%	$9,000

Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: **Greg Davis**	Phone Number: **515-242-7773**

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #   (to be assigned by administrator)

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48A
12	**Form 470 Application Number:** **704340000296620**	16	**Billing Account Number:** (e.g. billed telephone number)	N/A
		17	**Allowable Vendor Selection/ Contract Date:** (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number: **143005447**	18	**Contract Award Date** (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name **Pomeroy Computer Resources, Inc.**	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002

21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	Attachment # <u>USFATCH0101</u>

22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	58953	
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)		

23	Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	10,000	0	10,000	10,000	80%	$8,000

Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: **Greg Davis**	Phone Number: **515-242-7773**
BLOCK 5: Discount Funding Request(s)	Page 13 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #   **(to be assigned by administrator)**

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	**RFP #00-48A**
12	**Form 470 Application Number:** 704340000296620	16	**Billing Account Number:** (e.g. billed telephone number)	**N/A**
		17	**Allowable Vendor Selection/ Contract Date:** (mm/dd/yyyy)	**12/12/2000**
13	**SPIN – Service Provider Identification Number:** 143005447	18	**Contract Award Date** (mm/dd/yyyy)	**01/12/2001**
		19a	Service State Date (mm/dd/yyyy)	**07/01/2001**
		19b	Service End Date (mm/dd/yyyy)	**N/A**
14	**Service Provider Name** **Pomeroy Computer Resources, Inc.**	20	**Contract Expiration Date** (mm/dd/yyyy)	**06/30/2002**

21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	Attachment # **USFATCH0101**

22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	58988
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number. (e.g. A-1)	

23 Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	10,000	0	10,000	10,000	80%	$8,000

Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #   **(to be assigned by administrator)**

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	**RFP #00-48A**
12	**Form 470 Application Number:** 704340000296620	16	**Billing Account Number:** (e.g. billed telephone number)	N/A
		17	**Allowable Vendor Selection/ Contract Date:** (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number: 143005447	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name Pomeroy Computer Resources, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	Attachment #	USFATCH0101
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	58989	
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)		

23 Calculations

	Recurring Charges				Non-Recurring Charges			Total Charges		
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	10,000	0	10,000	10,000	60%	$6,000

Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773
BLOCK 5: Discount Funding Request(s)	Page 15 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #   **(to be assigned by administrator)**

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	**RFP #00-48A**
12	**Form 470 Application Number:** **704340000296620**	16	**Billing Account Number:** (e.g. billed telephone number)	**N/A**
		17	**Allowable Vendor Selection/ Contract Date:** (mm/dd/yyyy)	**12/12/2000**
13	**SPIN – Service Provider Identification Number:** **143005447**	18	**Contract Award Date** (mm/dd/yyyy)	**01/12/2001**
		19a	Service State Date (mm/dd/yyyy)	**07/01/2001**
		19b	Service End Date (mm/dd/yyyy)	**N/A**
14	**Service Provider Name** **Pomeroy Computer Resources, Inc.**	20	**Contract Expiration Date** (mm/dd/yyyy)	**06/30/2002**

21	**Description of this Service:**	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	Attachment # **USFATCH0101**

22	**Entity/Entities Receiving this Service:**	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	58967
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)	

23   **Calculations**

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	10,000	0	10,000	10,000	80%	$8,000

Billed Entity Applicant #: 131976		Applicant's Form Identifier: DMPS4710101		

Contact Person: Greg Davis		Phone Number: 515-242-7773		

BLOCK 5: Discount Funding Request(s)		Page 16 of 319		

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #	(to be assigned by administrator)

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	**RFP #00-48A**
12	**Form 470 Application Number:** 704340000296620	16	**Billing Account Number:** (e.g. billed telephone number)	**N/A**
		17	**Allowable Vendor Selection/ Contract Date:** (mm/dd/yyyy)	**12/12/2000**
13	**SPIN – Service Provider Identification Number:** 143005447	18	**Contract Award Date** (mm/dd/yyyy)	**01/12/2001**
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	**Service Provider Name** **Pomeroy Computer Resources, Inc.**	20	**Contract Expiration Date** (mm/dd/yyyy)	06/30/2002

21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	Attachment # **USFATCH0101**

22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	58945
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)	

23	Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	10,000	0	10,000	10,000	60%	$6,000

Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: **Greg Davis**	Phone Number: **515-242-7773**

BLOCK 5: Discount Funding Request(s)	Page 17 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # (to be assigned by administrator)

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	**RFP #00-48A**
12	**Form 470 Application Number:** 704340000296620	16	**Billing Account Number:** (e.g. billed telephone number)	**N/A**
		17	**Allowable Vendor Selection/ Contract Date:** (mm/dd/yyyy)	**12/12/2000**
13	SPIN – Service Provider Identification Number: 143005447	18	**Contract Award Date** (mm/dd/yyyy)	**01/12/2001**
		19a	Service State Date (mm/dd/yyyy)	**07/01/2001**
		19b	Service End Date (mm/dd/yyyy)	**N/A**
14	**Service Provider Name** Pomeroy Computer Resources, Inc.	20	**Contract Expiration Date** (mm/dd/yyyy)	**06/30/2002**

21	**Description of this Service:**	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	Attachment # **USFATCH0101**

22	**Entity/Entities Receiving this Service:**	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	58938
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)	

23 Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	10,000	0	10,000	10,000	40%	$4,000

Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: **Greg Davis**	Phone Number: 515-242-7773

BLOCK 5: Discount Funding Request(s)	Page 18 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #   **(to be assigned by administrator)**

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	**RFP #00-48A**
12	Form 470 Application Number: 704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
		17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number: 143005447	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name **Pomeroy Computer Resources, Inc.**	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002

21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	Attachment # **USFATCII0101**
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	58952
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)	

23	Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	10,000	0	10,000	10,000	80%	$8,000

Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773

BLOCK 5: Discount Funding Request(s)	Page 19 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #   **(to be assigned by administrator)**

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	**RFP #00-48A**
12	**Form 470 Application Number:** 704340000296620	16	**Billing Account Number:** (e.g. billed telephone number)	N/A
		17	**Allowable Vendor Selection/ Contract Date:** (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number: 143005447	18	**Contract Award Date** (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name **Pomeroy Computer Resources, Inc.**	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002

21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	Attachment # **USFATCH0101**

22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	58981
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)	

23	Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	10,000	0	10,000	10,000	80%	$8,000

Billed En. _ Applicant #: **131976**	App. 's Form Identifier: **DMPS4710101**
Contact Person: **Greg Davis**	Phone Number: **515-242-7773**
BLOCK 5: Discount Funding Request(s)	Page **20** of **319**

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #   **(to be assigned by administrator)**

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	**RFP #00-48A**
12	**Form 470 Application Number:** **704340000296620**	16	**Billing Account Number:** (e.g. billed telephone number)	**N/A**
		17	**Allowable Vendor Selection/ Contract Date:** (mm/dd/yyyy)	**12/12/2000**
13	SPIN – Service Provider Identification Number: **143005447**	18	Contract Award Date (mm/dd/yyyy)	**01/12/2001**
		19a	Service State Date (mm/dd/yyyy)	**07/01/2001**
		19b	Service End Date (mm/dd/yyyy)	**N/A**
14	Service Provider Name **Pomeroy Computer Resources, Inc.**	20	Contract Expiration Date (mm/dd/yyyy)	**06/30/2002**

21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	Attachment # **USFATCH0101**
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	58922
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)	
23	Calculations		

		Recurring Charges				Non-Recurring Charges			Total Charges		
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	10,000	0	10,000	10,000	50%	$5,000

Billed Ent.., Applicant #:	131976	Appl.. s Form Identifier:	DMPS4710101

Contact Person:	Greg Davis	Phone Number:	515-242-7773

BLOCK 5: Discount Funding Request(s)   Page 21 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #   (to be assigned by administrator)

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48A
12	Form 470 Application Number: 704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
		17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number: 143005447	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name Pomeroy Computer Resources, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service: You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.		Attachment # USFATCH0101	
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	58928	
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)		
23	Calculations			

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	10,000	0	10,000	10,000	50%	$5,000

Billed Entity Applicant #: 131976	Applicants Form Identifier: DMPS4710101
Contact Person: **Greg Davis**	Phone Number: **515-242-7773**
BLOCK 5: Discount Funding Request(s)	Page 22 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #   **(to be assigned by administrator)**

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	**RFP #00-48A**
12	**Form 470 Application Number:** 704340000296620	16	**Billing Account Number:** (e.g. billed telephone number)	N/A
		17	**Allowable Vendor Selection/ Contract Date:** (mm/dd/yyyy)	12/12/2000
13	**SPIN – Service Provider Identification Number:** 143005447	18	**Contract Award Date** (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	**Service Provider Name** Pomeroy Computer Resources, Inc.	20	**Contract Expiration Date** (mm/dd/yyyy)	06/30/2002
21	**Description of this Service:** You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.			Attachment # **USFATCH0101**
22	**Entity/Entities Receiving this Service:**	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	58963	
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)		
23	**Calculations**			

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	10,000	0	10,000	10,000	80%	$8,000

Billed Ent.., Applicant #: **131976**	Appl.. 's Form Identifier: **DMPS4710101**
Contact Person: **Greg Davis**	Phone Number: **515-242-7773**
BLOCK 5: Discount Funding Request(s)	Page 23 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # (to be assigned by administrator)

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections		15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	**RFP #00-48A**
12	**Form 470 Application Number:**	704340000296620	16	**Billing Account Number:** (e.g. billed telephone number)	N/A
			17	**Allowable Vendor Selection/ Contract Date:** (mm/dd/yyyy)	12/12/2000
13	**SPIN – Service Provider Identification Number:**	143005447	18	**Contract Award Date** (mm/dd/yyyy)	01/12/2001
			19a	Service State Date (mm/dd/yyyy)	07/01/2001
			19b	Service End Date (mm/dd/yyyy)	N/A
14	**Service Provider Name**	**Pomeroy Computer Resources, Inc.**	20	**Contract Expiration Date** (mm/dd/yyyy)	06/30/2002

21	**Description of this Service:**	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	Attachment # **USFATCH0101**

22	**Entity/Entities Receiving this Service:**	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	58990
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)	

23 Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	10,000	0	10,000	10,000	60%	$6,000

Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101

Contact Person: Greg Davis	Phone Number: 515-242-7773

BLOCK 5: Discount Funding Request(s)	Page 24 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # (to be assigned by administrator)

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48A
12	Form 470 Application Number: 704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
		17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number: 143005447	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name Pomeroy Computer Resources, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002

21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	Attachment # USFATCH0101

22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	59842
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)	

23	Calculations.

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	10,000	0	10,000	10,000	50%	$5,000

Billed Entry Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: **Greg Davis**	Phone Number: 515-242-7773

BLOCK 5: Discount Funding Request(s) | Page 25   of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #   **(to be assigned by administrator)**

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	**RFP #00-48A**
12	**Form 470 Application Number:** 704340000296620	16	**Billing Account Number:** (e.g. billed telephone number)	N/A
		17	**Allowable Vendor Selection/ Contract Date:** (mm/dd/yyyy)	12/12/2000
13	**SPIN – Service Provider Identification Number:** 143005447	18	**Contract Award Date** (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	**Service Provider Name** **Pomeroy Computer Resources, Inc.**	20	**Contract Expiration Date** (mm/dd/yyyy)	06/30/2002

21	**Description of this Service:**	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	Attachment # **USFATCH0101**

22	**Entity/Entities Receiving this Service:**	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	59002	
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)		

23	Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	10,000	0	10,000	10,000	80%	$8,000

Billed Ent., Applicant #: **131976**	Applic. s Form Identifier: **DMPS4710101**
Contact Person: **Greg Davis**	Phone Number: **515-242-7773**

BLOCK 5: Discount Funding Request(s)	Page 26 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #   **(to be assigned by administrator)**

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	**RFP #00-48A**
12	**Form 470 Application Number:** 704340000296620	16	**Billing Account Number:** (e.g. billed telephone number)	N/A
		17	**Allowable Vendor Selection/ Contract Date:** (mm/dd/yyyy)	12/12/2000
13	SPIN -- Service Provider Identification Number: 143005447	18	**Contract Award Date** (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	**Service Provider Name** Pomeroy Computer Resources, Inc.	20	**Contract Expiration Date** (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	Attachment # **USFATCH0101**
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	59007
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)	

23	Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	10,000	0	10,000	10,000	40%	$4,000

Billed Ent Applicant #: **131976**	Appl. s Form Identifier: **DMPS4710101**
Contact Person: **Greg Davis**	Phone Number: **515-242-7773**

BLOCK 5: Discount Funding Request(s)	Page 27 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #	(to be assigned by administrator)

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	**RFP #00-48A**
12	**Form 470 Application Number:** **704340000296620**	16	**Billing Account Number:** (e.g. billed telephone number)	**N/A**
		17	**Allowable Vendor Selection/ Contract Date:** (mm/dd/yyyy)	**12/12/2000**
13	SPIN – Service Provider Identification Number: **143005447**	18	**Contract Award Date** (mm/dd/yyyy)	**01/12/2001**
		19a	Service State Date (mm/dd/yyyy)	**07/01/2001**
		19b	Service End Date (mm/dd/yyyy)	**N/A**
14	Service Provider Name **Pomeroy Computer Resources, Inc.**	20	Contract Expiration Date (mm/dd/yyyy)	**06/30/2002**

21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	Attachment # **USFATCH0101**

22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	58956
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)	

23	Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	10,000	0	10,000	10,000	80%	$8,000

Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: **Greg Davis**	Phone Number: **515-242-7773**

BLOCK 5: Discount Funding Request(s)	Page 28 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #   **(to be assigned by administrator)**

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	**RFP #00-48A**
12	**Form 470 Application Number:** 704340000296620	16	**Billing Account Number:** (e.g. billed telephone number)	N/A
		17	**Allowable Vendor Selection/** **Contract Date:** (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number: 143005447	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name	Pomeroy Computer Resources, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002

21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	Attachment # **USFATCH0101**

22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	58962
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)	

23	Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	10,000	0	10,000	10,000	50%	$5,000

Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773

BLOCK 5: Discount Funding Request(s)	Page 29 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #   **(to be assigned by administrator)**

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48A
12	Form 470 Application Number: 704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
		17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number: 143005447	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name Pomeroy Computer Resources, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002

21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	Attachment # USFATCH0101

22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	58982
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)	

23 Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	10,000	0	10,000	10,000	90%	$9,000

Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: **Greg Davis**	Phone Number: **515-242-7773**
BLOCK 5: Discount Funding Request(s)	Page 30 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #   **(to be assigned by administrator)**

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	**RFP #00-48A**
12	**Form 470 Application Number:** 704340000296620	16	**Billing Account Number:** (e.g. billed telephone number)	N/A
		17	**Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)**	12/12/2000
13	SPIN – Service Provider Identification Number: 143005447	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name **Pomeroy Computer Resources, Inc.**	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002

21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	Attachment # **USFATCH0101**

22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	58969
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)	

23   Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	10,000	0	10,000	10,000	80%	$8,000

Billed En. Applicant #:	131976	Appl. .'s Form Identifier:	DMPS4710101

Contact Person:	**Greg Davis**	Phone Number:	**515-242-7773**

BLOCK 5: Discount Funding Request(s)	Page 31 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # (to be assigned by administrator)

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	**RFP #00-48A**
12	**Form 470 Application Number:** 704340000296620	16	**Billing Account Number:** (e.g. billed telephone number)	N/A
		17	**Allowable Vendor Selection/ Contract Date:** (mm/dd/yyyy)	12/12/2000
13	**SPIN – Service Provider Identification Number:** 143005447	18	**Contract Award Date** (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	**Service Provider Name** Pomeroy Computer Resources, Inc.	20	**Contract Expiration Date** (mm/dd/yyyy)	06/30/2002

21	**Description of this Service:**	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	Attachment # **USFATCH0101**

22	**Entity/Entities Receiving this Service:**	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	58984
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)	

23	Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	10,000	0	10,000	10,000	80%	$8,000

Billed En. Applicant #:	131976	Appl. 's Form Identifier:	DMPS4710101

Contact Person:	Greg Davis	Phone Number:	515-242-7773

BLOCK 5: Discount Funding Request(s)	Page 32 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #   **(to be assigned by administrator)**

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	**RFP #00-48A**
12	**Form 470 Application Number:** 704340000296620	16	**Billing Account Number:** (e.g. billed telephone number)	**N/A**
		17	**Allowable Vendor Selection/ Contract Date:** (mm/dd/yyyy)	**12/12/2000**
13	SPIN – Service Provider Identification Number: 143005447	18	Contract Award Date (mm/dd/yyyy)	**01/12/2001**
		19a	Service State Date (mm/dd/yyyy)	**07/01/2001**
		19b	Service End Date (mm/dd/yyyy)	**N/A**
14	Service Provider Name **Pomeroy Computer Resources, Inc.**	20	Contract Expiration Date (mm/dd/yyyy)	**06/30/2002**

21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	Attachment # **USFATCH0101**

22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	59877
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)	

23   Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	10,000	0	10,000	10,000	80%	$8,000

Billed Entity Applicant #:	131976	Applicant's Form Identifier:	DMPS4710101

Contact Person:	Greg Davis	Phone Number:	515-242-7773

BLOCK 5: Discount Funding Request(s)	Page 33 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #	(to be assigned by administrator)

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48A
12	Form 470 Application Number: 704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
		17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number: 143005447	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name Pomeroy Computer Resources, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002

21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.	Attachment # USFATCH0101

22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	58973
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)	

23	Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	10,000	0	10,000	10,000	80%	$8,000

Billed Entry, Applicant #:	131976	Applicant's Form Identifier:	DMPS4710101

Contact Person:	Greg Davis	Phone Number:	515-242-7773

BLOCK 5: Discount Funding Request(s)	Page 34 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #   (to be assigned by administrator)

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	**RFP #00-48A**
12	**Form 470 Application Number:** 704340000296620	16	**Billing Account Number:** (e.g. billed telephone number)	**N/A**
		17	**Allowable Vendor Selection/ Contract Date:** (mm/dd/yyyy)	**12/12/2000**
13	**SPIN – Service Provider Identification Number:** 143005447	18	**Contract Award Date** (mm/dd/yyyy)	**01/12/2001**
		19a	Service State Date (mm/dd/yyyy)	**07/01/2001**
		19b	Service End Date (mm/dd/yyyy)	**N/A**
14	**Service Provider Name** Pomeroy Computer Resources, Inc.	20	**Contract Expiration Date** (mm/dd/yyyy)	**06/30/2002**
21	**Description of this Service:** You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.		Attachment # **USFATCH0101**	
22	**Entity/Entities Receiving this Service:**	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.	59003	
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)		
23	**Calculations**			

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly $ charges (total amount for service)	How much of the $ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) $ charges	How much of the $ amount in (F) is ineligible?	Annual eligible pre-discount $ amount for one-time charges (F minus G)	Total program year pre-discount $ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment $ Request (I x J)
0	0	0	0	0	10,000	0	10,000	10,000	60%	$6,000